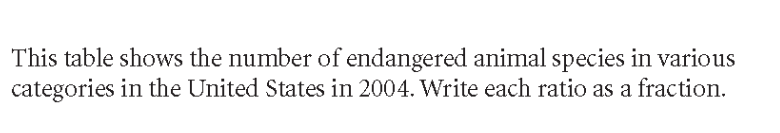
2.1/2.2 Review Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_period: \_\_\_\_



1)

